

Name  
In  
Full

Robert Earl Albright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hess Town Harford County

Date of death 1909 Month Feb Day 12 <sup>PM</sup> Age one Years Months Four Days 26

Sex Male Color or Race White Birth-place Hess H Co Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameJohn F AlbrightFather's  
BirthplaceBalto co MdMother's  
Maiden NameMaggie L FreshmanMother's  
Birthplace" " "Name of person giving  
informationJohn F AlbrightHow related  
to deceasedFather

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

9 days

Immediate

Heart failure

How long

2 hoursAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianThos. H. Emory Jr. D.

Address

Monteton, Md.

Accident or Suicide?

no

Burial at  
Good Will E.V. Church

Name  
in  
Full

*Amogene. Allison*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whiteford.</i>		Town <i>Whiteford.</i>		County <i>Harford.</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb.</i>	Day <i>5</i>	Age <i>32</i>	Years	Months	Days
Sex <i>Female.</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, <del>Single</del> <i>Widowed</i>			Name of Wife or Husband <i>Isaac Allison</i>				
Father's Name <i>John T. Jones</i>			Father's Birthplace <i>Wales</i>				
Mother's Maiden Name <i>Susan</i>			Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Isaac Allison</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

**68**

PHYSICIAN  
OR CORONER

Primary	<i>Acute mania</i>	How long	<i>10 weeks.</i>
Immediate	<i>General hyp. of circulations</i>	How long	<i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Pedamen. Ramsay</i>	
		Address <i>Deer Run.</i>	
Accident or Suicide? <i>X</i>			

Feb. 8<sup>th</sup> 09

Slate Ridge

Name  
in  
Full

Sarah A. C. Badders

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cylerville* <sup>Town</sup> *Harford* <sup>County</sup> **MARYLAND**

Date of death **1909** <sup>Month</sup> *Feb* <sup>Day</sup> *27* Age <sup>Years</sup> *33* <sup>Months</sup> *4* <sup>Days</sup> *13*

Sex *Female* Color or Race *White* Birth-place *York Co.; Pa.*

Occupation *Swinger* Where Residing if not at place of death *Cylerville, Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Samuel Badders* Father's Birthplace *York Co. Pa.*

Mother's Maiden Name *Agnes Lader* Mother's Birthplace *York Co. Pa.*

Name of person giving information *Wright* How related to deceased *Not at all*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Chronic Pulmonary Tuberculosis* How long *About 4 years*

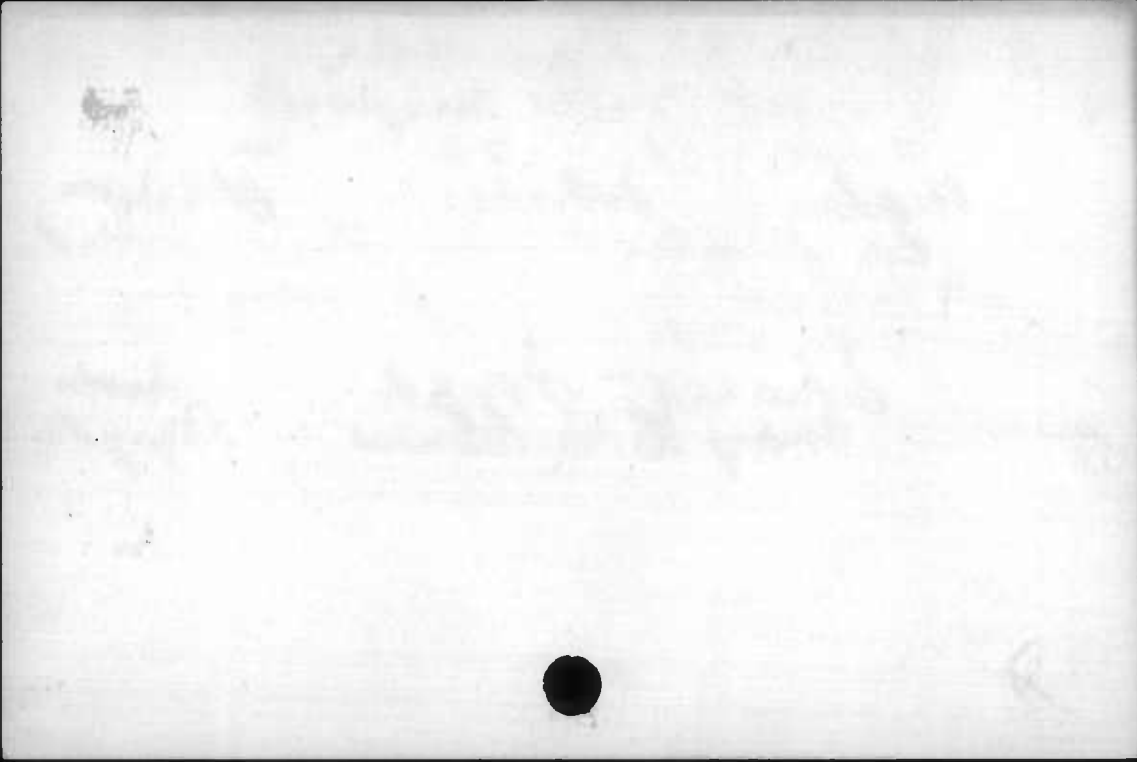
Immediate *General weakness - Respiratory Failure.* How long *About 2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *M. H. Huthorne M.D.*

Address *New Park - Pa.*

Accident or Suicide? *?*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County	STATE
	Date of death		Month	Day	Years
	Sex	Color or Race	Birth-place		
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
	Name of person giving information	How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	How long			
	Immediate	How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Accident or Suicide?		Address		

Andrew W. Banister

CERTIFICATE OF DEATH

Died at Forest Hill Maryland

Date of death 1909 Jan 19 Age 77

Sex Male Color or Race White Birth-place Ohio

Occupation Carpenter Where Residing if not at place of death Forest Hill

Married, Single or Widowed Married Name of Wife or Husband Eliza J. Ward

Father's Name John Banister Father's Birthplace England

Mother's Maiden Name Charitie Young Mother's Birthplace Ind

Name of person giving information Mary G. Hutchinson How related to deceased Daughter

CAUSES OF DEATH

65

Primary Softening of Brain How long 3 years

Immediate Paralysis How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. P. Dunthorn

Address Forest Hill Ind

Accident or Suicide?

Dear Cynd



Name  
in  
Full

Alouga Bowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Magnolia</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>Feb.</i>	Day <i>20<sup>th</sup></i>	Age <i>69</i>	Years <i>69</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Freight Agent</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Belle Switting</i>					
Father's Name <i>Jacobs M. Bowman</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Catherine Bowman</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving Information <i>Belle Bowman</i>				How related to deceased <i>wife.</i>			

## CAUSES OF DEATH

Primary	<i>Heart &amp; Kidney Dis.</i>	How long	<i>Months.</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. T. Ties</i>	
<i>Yes</i>		Address <i>Bowman</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

Hand't

Name  
in  
Full

Margarette Elizabeth Breidenbaugh

CERTIFICATE OF DEATH

Died at <i>Jarrettsville</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>4</i>	Months <i>2</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Jarrettsville</i>		
Occupation _____			Where Residing if not at place of death _____		

Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____
Father's Name <i>William Breidenbaugh</i>	Father's Birthplace <i>Jarrettsville</i>
Mother's Maiden Name <i>Julia K Fehrman</i>	Mother's Birthplace <i>Balto Md</i>
Name of person giving information <i>William Breidenbaugh</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

Primary <i>Diphtheria</i>	How long <i>1 week</i>
Immediate <i>Suppression of Urine &amp; Exhaustion</i>	How long <i>2 days</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*H. F. Bradley*

*Jarrettsville Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Burial at Salem E V Church

Name  
in  
Full

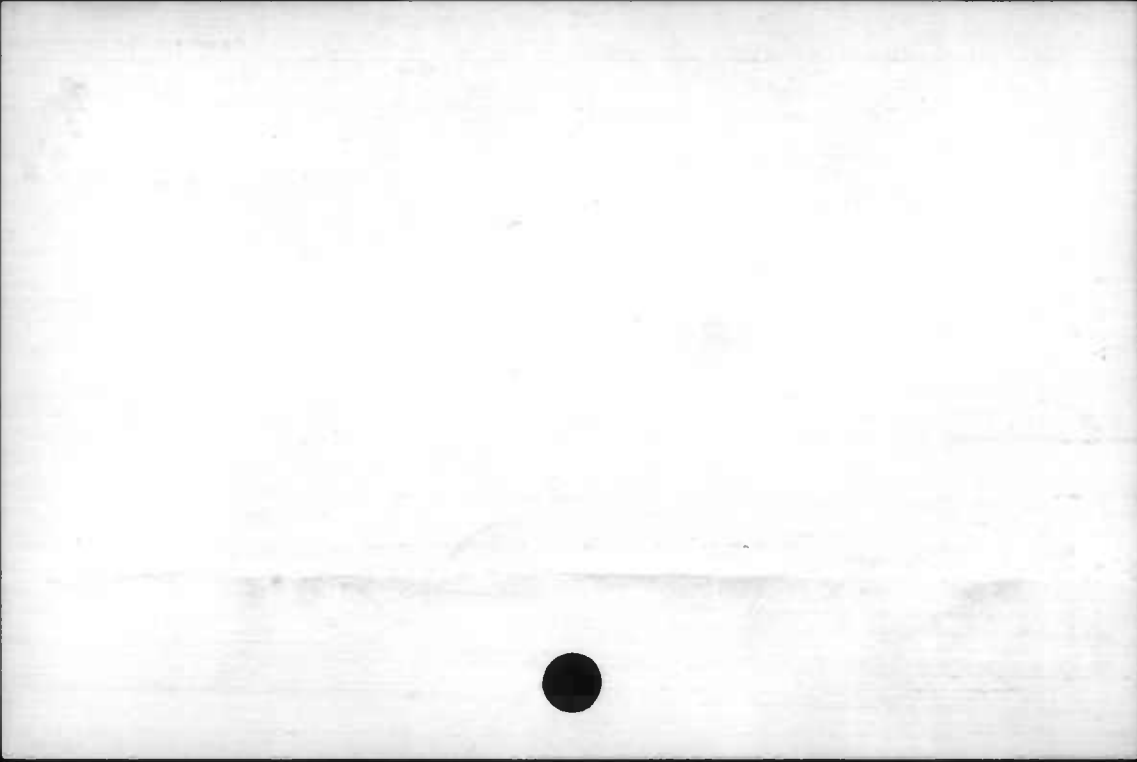
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

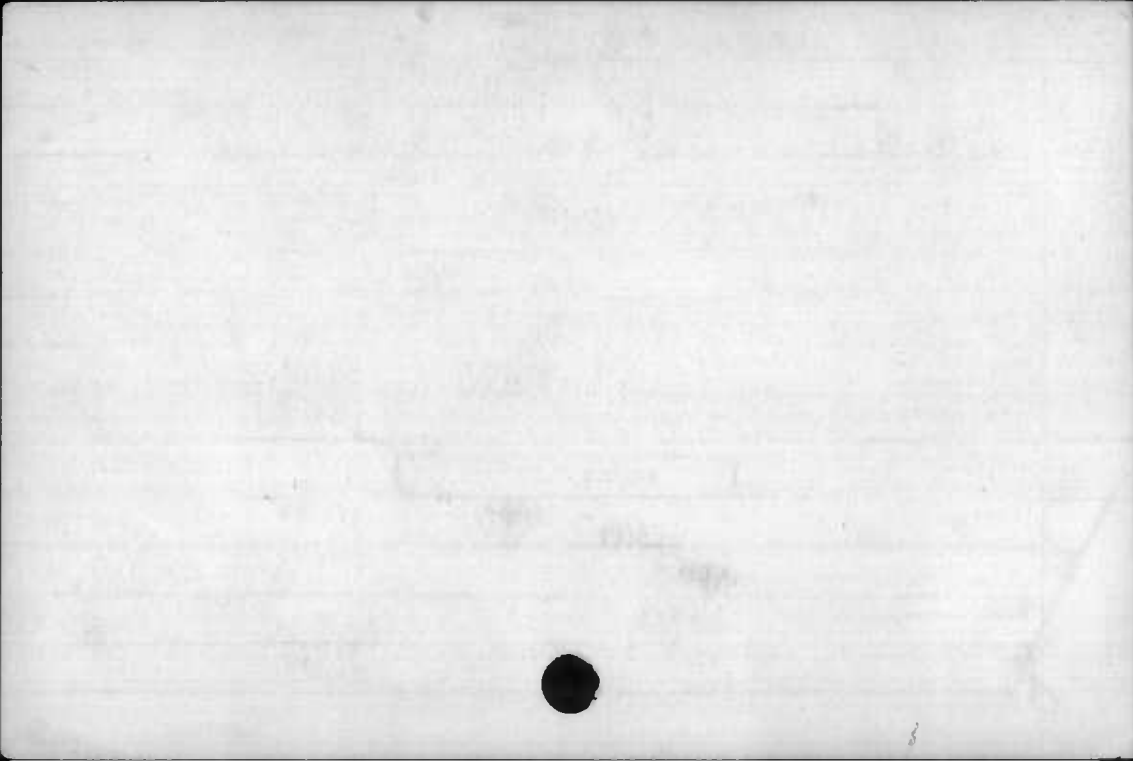
Name in Full <i>Stephen Archer Eggleston</i>		Town <i>Jarrettsville</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Jarrettsville</i>		Month <i>Feb.</i>		Day <i>7</i>		Years <i>33</i>	
Date of death <i>1909</i>		Month <i>Feb.</i>		Day <i>7</i>		Years <i>33</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chrome Hill, Ind.</i>			
Occupation <i>Hardware Merchant</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Jos. E. Eggleston</i>		Father's Birthplace <i>Chrome Hill, Ind.</i>					
Mother's Maiden Name <i>Emma F. Blaney</i>		Mother's Birthplace <i>Rocks, Ind.</i>					
Name of person giving Information <i>Jos. E. Eggleston</i>		How related to deceased <i>Father.</i>					
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>Four years</i>
Immediate <i>Heart Failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. E. Rigdon M.D.</i>
<i>J</i>	Address <i>Jarrettsville Ind.</i>
Accident or Suicide	



Name in Full		Henrietta Fisher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Boswell		County Harford		MARYLAND		
		Date of death 1909		Month 2	Day 17	Age 39	Months —	Days —
		Sex Female		Color or Race Colored		Birth- place Md		
		Occupation House Wife		Where Residing if not at place of death				
		Married, Single or Widowed Married		Name of Wife or Husband Louie H Fisher				
		Father's Name Shadruck Johnson				Father's Birthplace Md		
		Mother's Maiden Name Dorsey				Mother's Birthplace unknown		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving In formation Louie H Fisher				How related to deceased Husband		
		CAUSES OF DEATH				137		
PHYSICIAN OR CORONER		Primary Septicemia (puerperal)				How long 9 days		
		Immediate Apnoea				How long few hours		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician J A Callahan		
		Accident or Suicide? no				Address Belcamp Md		





Name  
in  
Full

Eliza Frederick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mountain Town Harford County MARYLAND

Date of death 1909 2 Month 22 Day 70 Age 70 Years — Months — Days

Sex Female Color or Race Negro Birth-place Harford Co.

Occupation House Wife Where Residing if not at place of death Mountain

Married, Single or Widowed Widow Name of Wife or Husband Alfred Frederick

Father's Name Santa James Father's Birthplace Harford Co.

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Joseph Smart How related to deceased Nephew

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis How long 2 Years

Immediate Uremic Poisoning How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. E. Creswell Sub. R.

X Address Mountain  
Maryland

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George Frisby*

Town *Aberdeen* County *Harford* MARYLAND

Died at *Aberdeen*

Date of death *1909* Month *Feb* Day *23* Age *54* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *not known*

Occupation *Railroad Hanel* Where Residing if not at place of death *Aberdeen*

Married, ~~Single~~ *Yes* Name of Wife or Husband *Marriet Green Frisby*

Father's Name *Moses Frisby* Father's Birthplace *Not Known*

Mother's Maiden Name *Not known* Mother's Birthplace *not known*

Name of person giving information *Harriell Frisby* How related to deceased *Wife*

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary *Coronal* How long *✓*

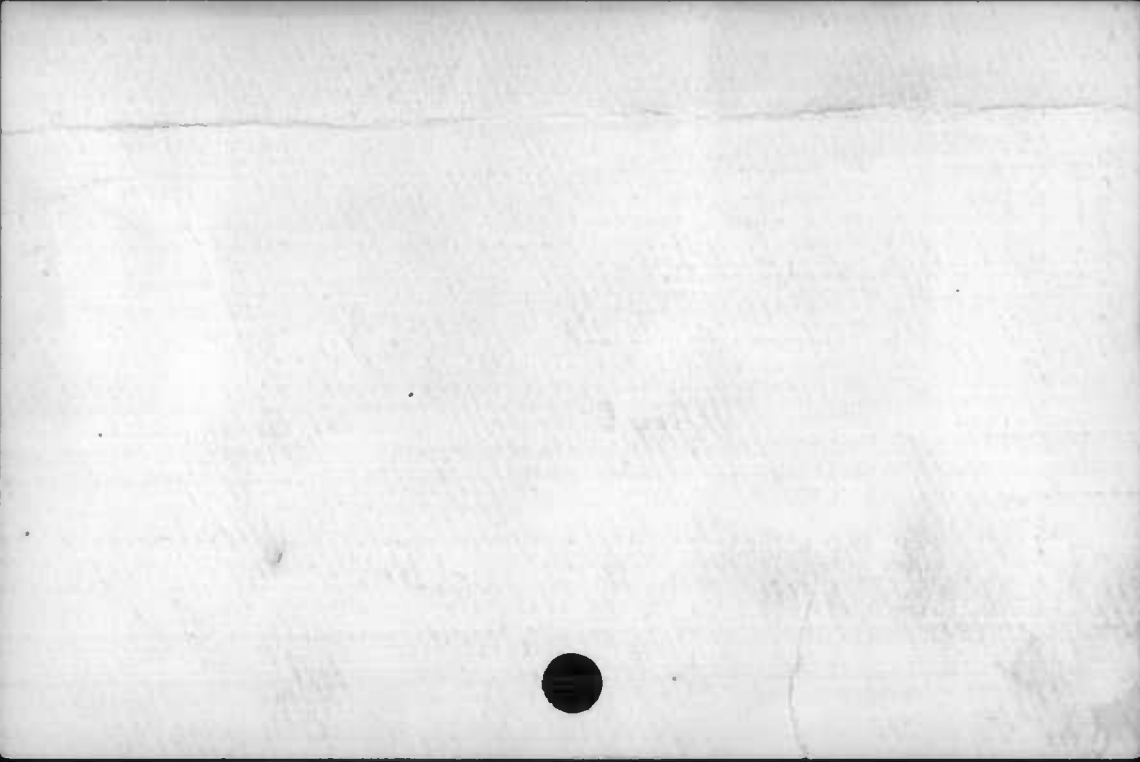
Immediate *Atherosclerosis* How long *Not Known*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ans H. Kennedy*

Address *Aberdeen Md*

Accident or Suicide? *8*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

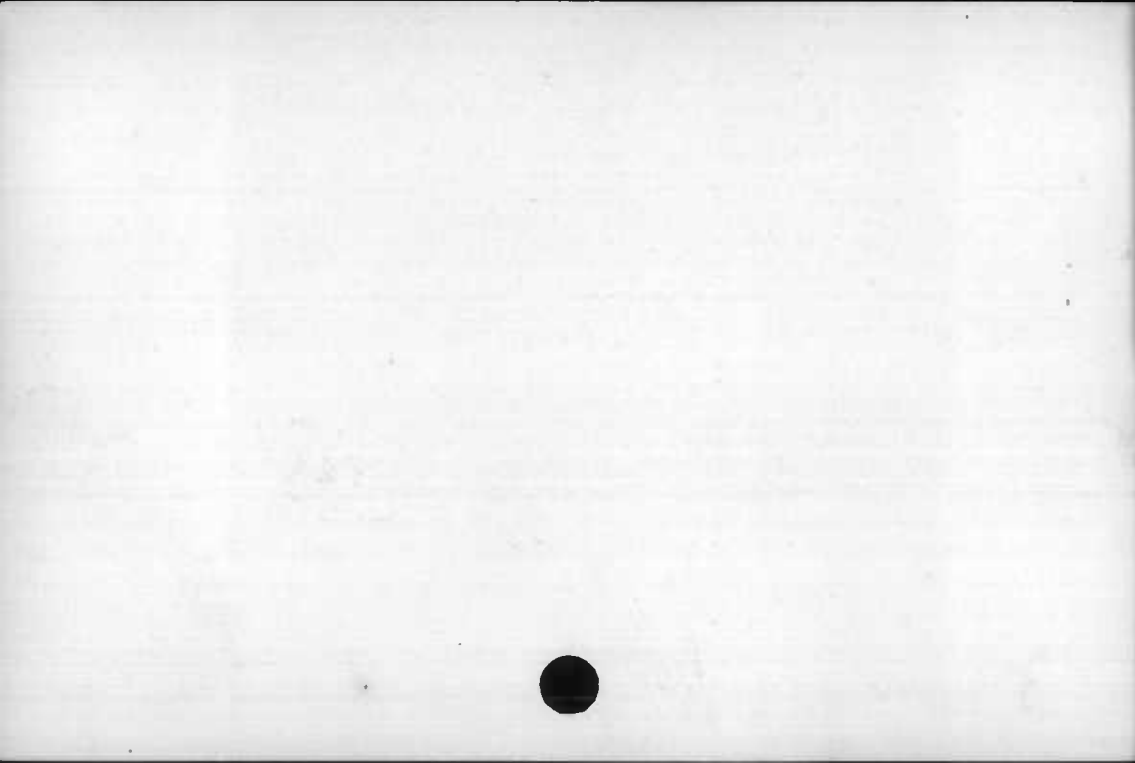
Died at		Town		County	
Morrisville		Harford			
Date	Month	Day	Age	Months	Days
of death	1909	Feb.	24	180	
Sex	Female	Color or Race	White	Birth-place	Harford Co., Md.
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Levin Gantz			
Father's Name	Mathew Wiley		Father's Birthplace	Harford Co. Md.	
Mother's Maiden Name	Annie Morris		Mother's Birthplace	Morrisville, Md.	
Name of person giving information	Geo. W. W. Morris		How related to deceased	Son-in-law	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Hemiplegia	How long	Five Weeks
Immediate	Acute Pneumonia	How long	two days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Wm. S. Dampick
		Address	Stewartstown, Pa.
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

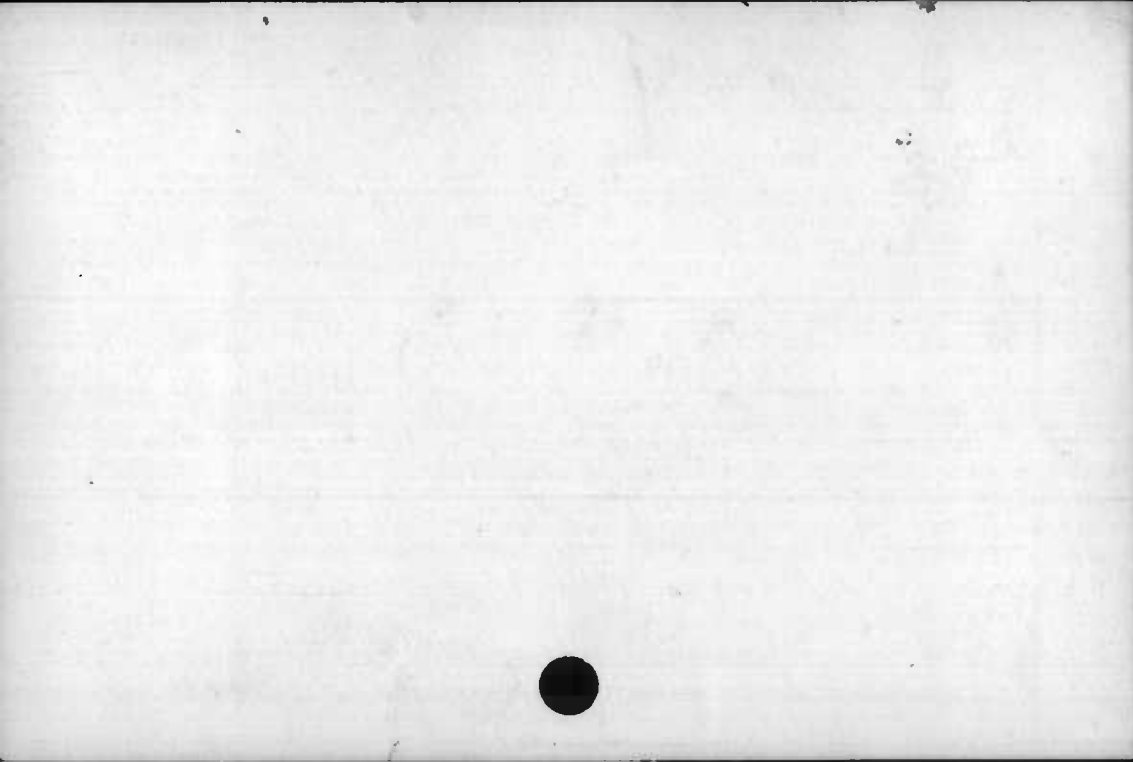
Name in Full <i>Rebecca Terrance Glenn</i>		Died at <i>Federal Hill</i>		County <i>Harford co</i>		MARYLAND	
Date of death <i>1909 Feb</i>		Month <i>Feb</i>		Day <i>24</i>		Years <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford co Md</i>		Months <i>0</i>	
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i></i>		Days <i>27</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>William Glenn</i>		Father's Birthplace <i>Harford co Md</i>					
Mother's Maiden Name <i>Sarah Nelson</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>J. Gosuch Glenn</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

82

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Thrombosis</i>	How long <i>Several weeks</i>
Immediate <i>Dementia &amp; exhaustion</i>	How long <i>About 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville Md</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

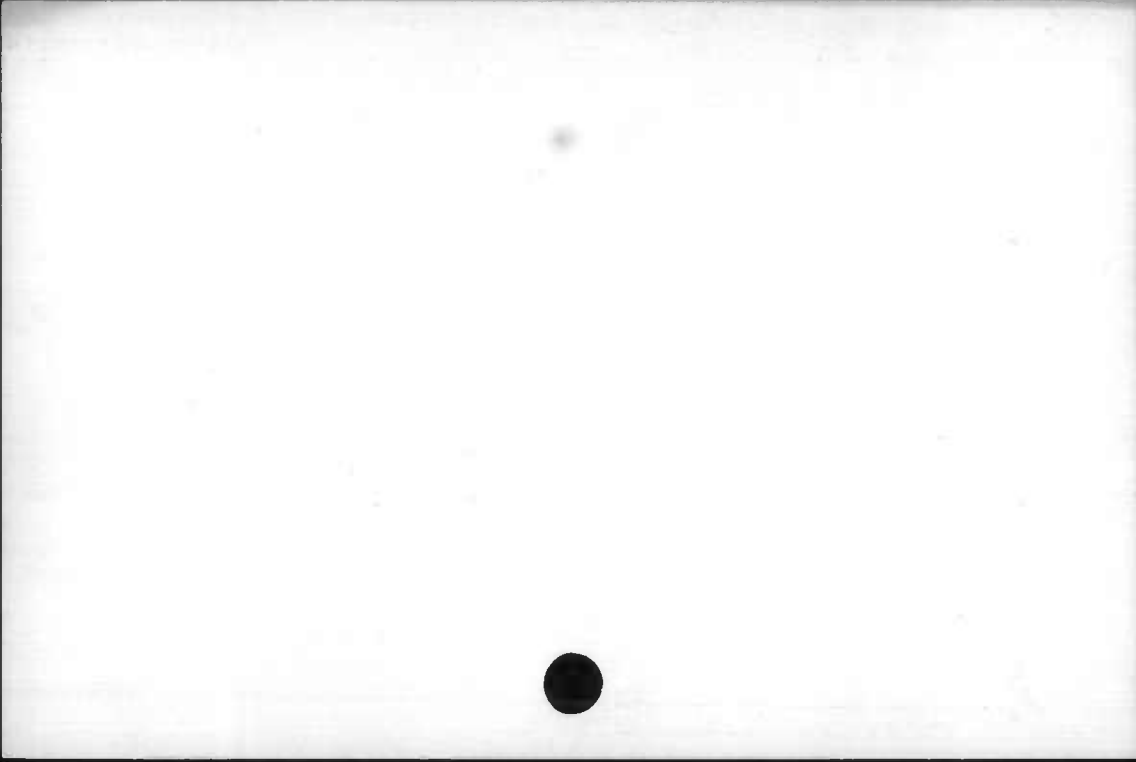
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	8			5	14
Sex	Male			Color or Race	White		
Occupation	None			Birth-place	Harve de Grace		
Where Residing if not at place of death				" " "			
Married, Single or Widowed				Name of Wife or Husband			
None				None			
Father's Name				Father's Birthplace			
Wilmer Gregg				Bevil Co.			
Mother's Maiden Name				Mother's Birthplace			
Mary Roberts				Bevil Co.			
Name of person giving Information				How related to deceased			
Wilmer Gregg				Father			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Broncho-Pneumonia	How long	8 days
Immediate	Exhaustion + Toxemia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. Steiner	
8		Address	
Accident or Suicide		Harve de Grace Md	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

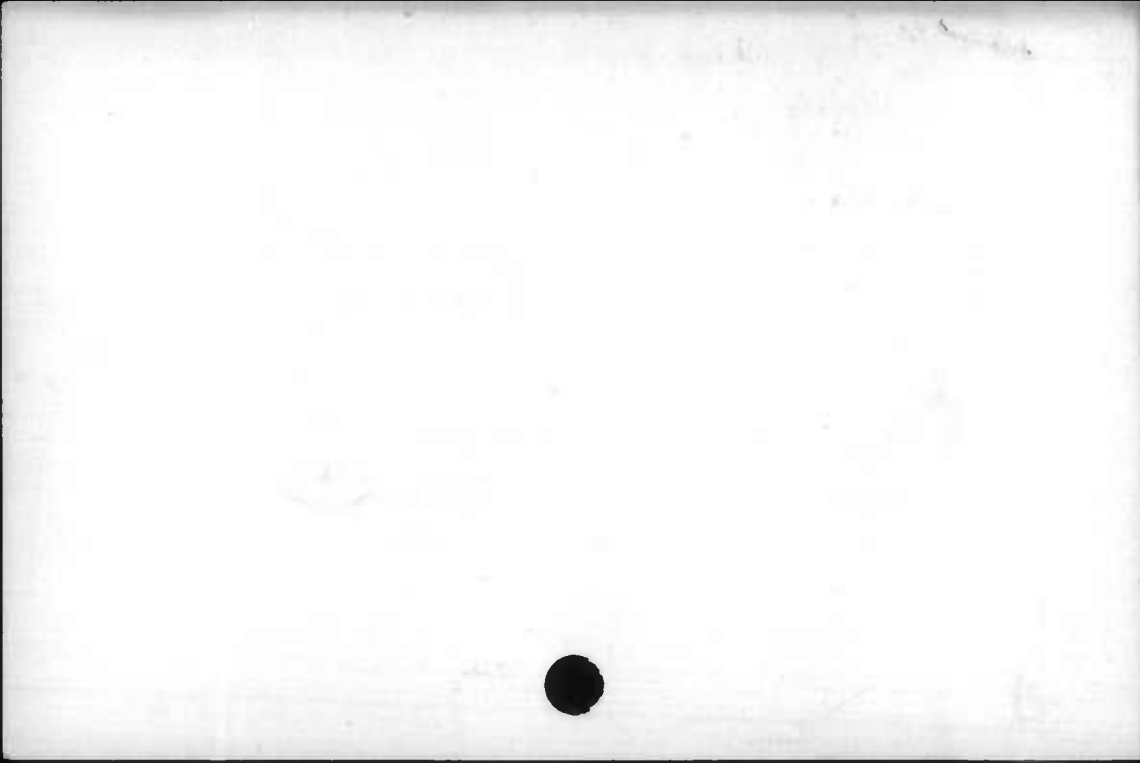
Died at <i>Mountain</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	Feb	Day	5
Age	26	Years		Months	✓
Sex	Male	Color or Race	colored	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single		never married			
Father's Name	John Hall		Father's Birthplace	Md	
Mother's Maiden Name	Sarah Hall		Mother's Birthplace	Md	
Name of person giving information	Steven Smart-		How related to deceased	none	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Laryngeal tuberculosis,</i>	How long	2 years.
Immediate	<i>Pulmonary tuberculosis</i>	How long	one year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>L. F. H. Gorsuch M.D.</i>	
Address		<i>Fox Md -</i>	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

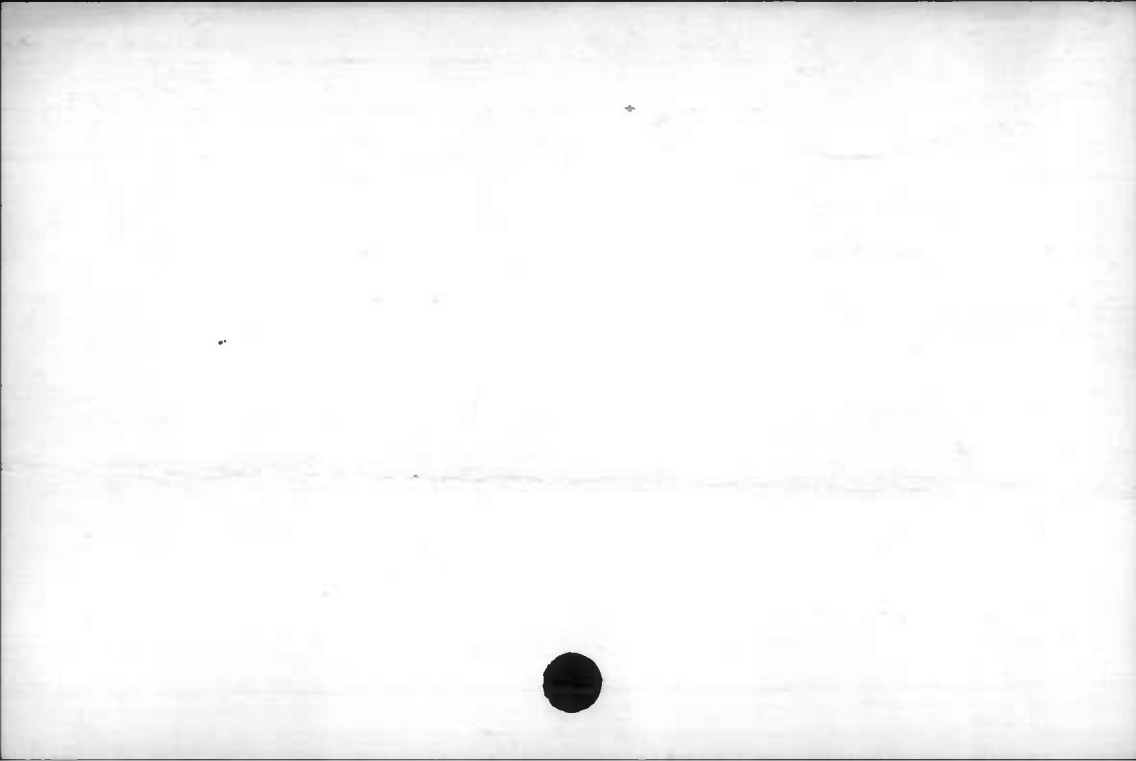
TO BE ANSWERED BY  
NEAREST FRIEND

*John W. Hamby*  
 Died at *Calvary* Town *Harford* County  
 Date of death 190 *9* Month *Feb* Day *28* Age *73* Years Months *X* Days *X*  
 Sex *Male* Color or Race *White* Birth-place *Calvary*  
 Occupation *Farmer* Where Residing if not at place of death *Calvary*  
~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband *Louisa B Hamby*  
 Father's Name *W S Hamby* Father's Birthplace *Cal*  
 Mother's Maiden Name *W. Hamby* Mother's Birthplace *Harford*  
 Name of person giving Information *Mary Mathifit* How related *deceased*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *64*  
 Immediate *Cerebral hemorrhage & exhaustion* How long *18 days*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *J. A. Callahan*  
 Address *Belcamp, Maryland*  
 Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jessie H. Johnson</i>		Town <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harre de Grace</i>		Date of death 1909 <i>Feb.</i>		Day <i>19</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Harford</i>		Months —	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>H. de G.</i>		Months —		Days —	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Ethel Johnson</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>Jessie Johnson Jr</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Several years</i>
Immediate <i>Uremic Convulsions</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. W. Steiner</i>
	Address <i>Harre de Grace Md</i>
Accident or Suicide? <i>g</i>	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

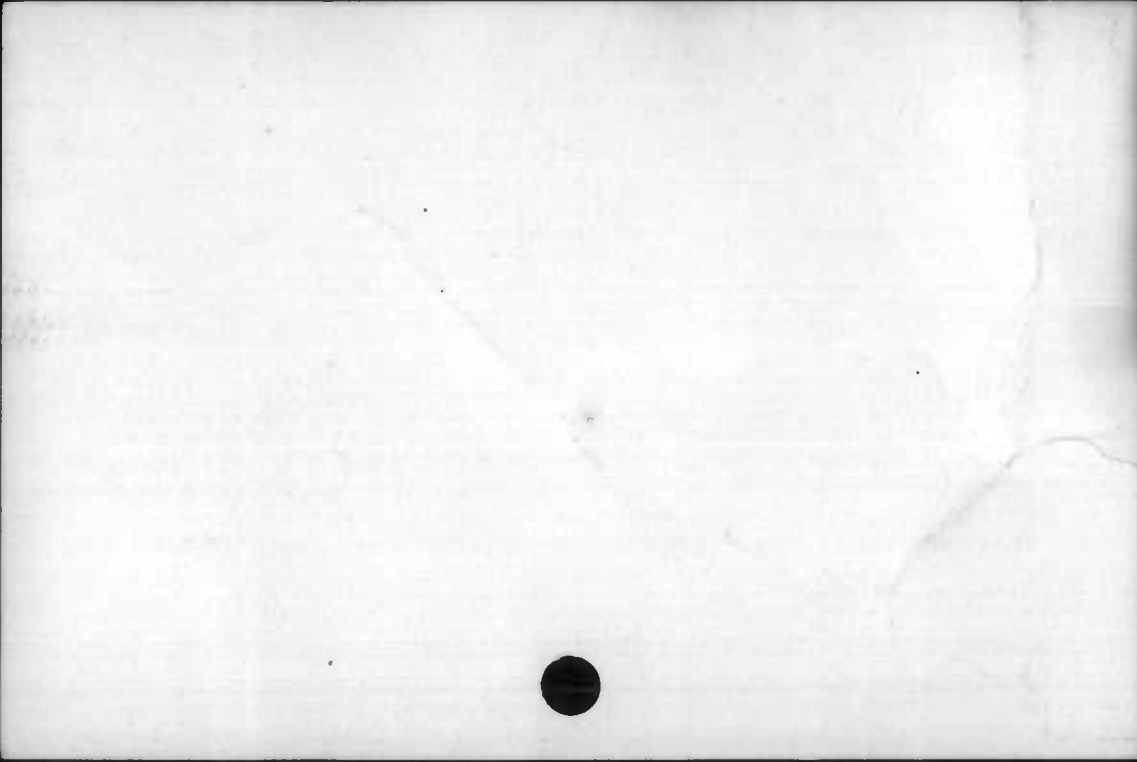
John Kane		Tcwn		County		MARYLAND	
Died at		Havre de Grace		Harford			
Date of death		1909	Month	Day	Age	Years	Months
		Feb		16	83		
Sex		Male		Color or Race		White	
Birth-place		Ireland		Occupation		Laborer	
Where Residing if not at place of death		Same		Married, Single or Widowed		Married	
Name of Wife or Husband		Margaret Kane		Father's Name		Unknown	
Mother's Birthplace		Ireland		Mother's Maiden Name		Unknown	
How related to deceased		Son		Name of person giving information		Geo Kane	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	One year
Immediate	Heart & Kidney complication	How long	2 or 3 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Hopkins	
Address		Havre de Grace	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**George W. Lisby**

Town **Perryman** County **Harford** MARYLAND

Died at **Perryman**

Date of death **1909** Month **2** Day **23** Age **63** Years Months **—** Days **—**

Sex **Male** Color or Race **Colored** Birth-place **Harford Co Md**

Occupation **Laborer** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Mary Lisby**

Father's Name **Wm Lisby** Father's Birthplace **Harford Co Md**

Mother's Maiden Name **Annie Smith** Mother's Birthplace **" " "**

Name of person giving information **Mary Lisby** How related to deceased **Wife**

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary **Brucella** How long **Seven months**

Immediate

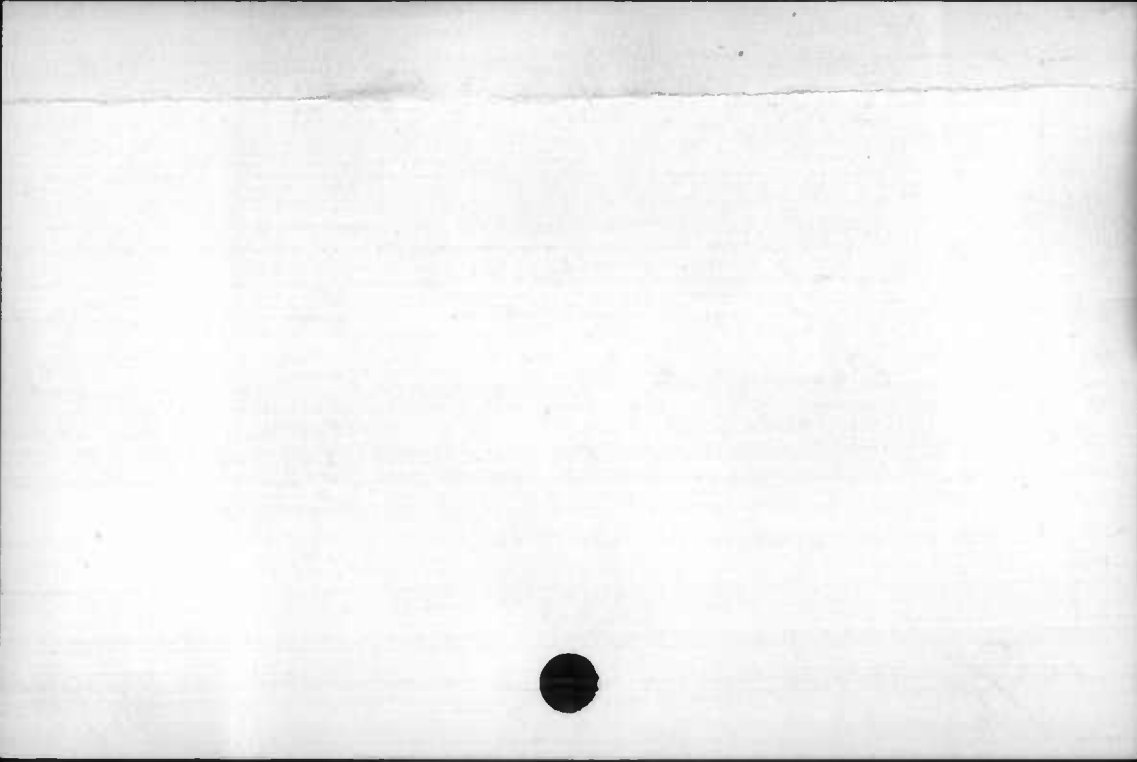
How long

Are the name, age, sex, color, date and place correctly given above?

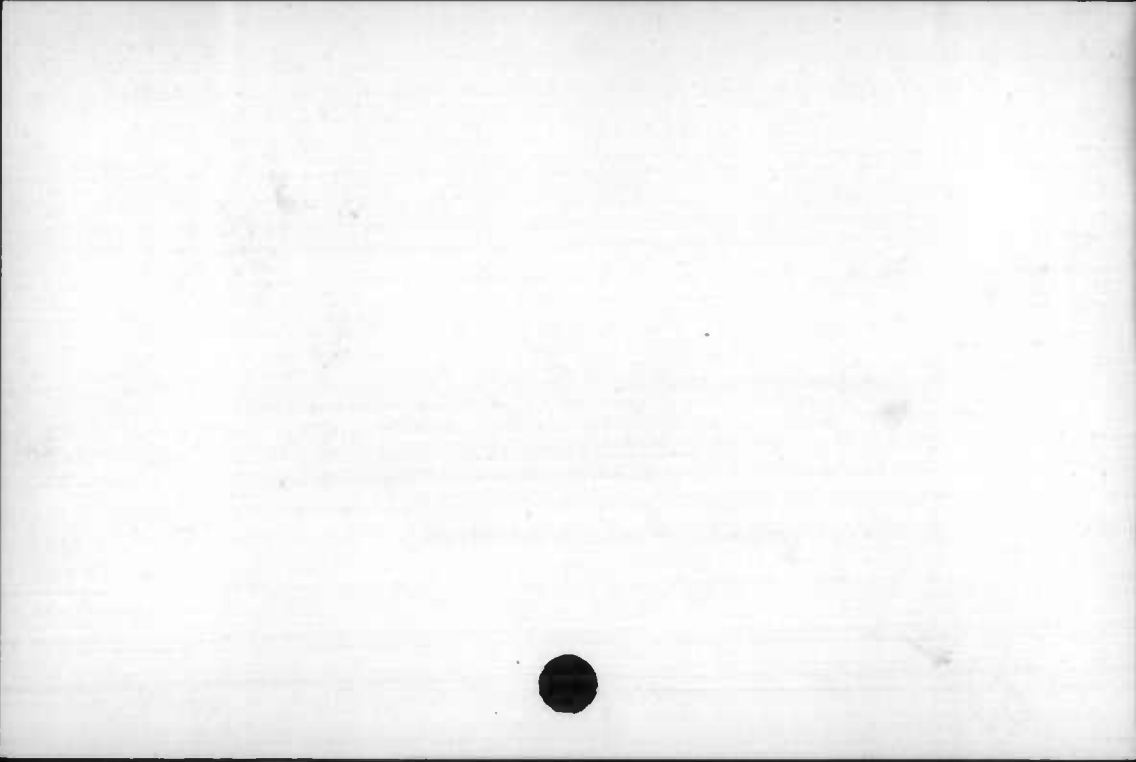
Signature of Physician **J. H. Steine**

Address **Perryman**

Accident or Suicide?



Name in Full		Edwens Inadell Mc Intt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Darlington		Harford		MARYLAND	
	Date of death	1909	Feb.	9 <sup>th</sup>	Age	Months	28 Days
	Sex	Male		Color or Race	White		
	Occupation			Birth-place	Darlington Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Edwin Mc Intt			Father's Birthplace	Darlington Md.	
Mother's Maiden Name	Sarah Inadell			Mother's Birthplace	Del.		
Name of person giving information	Sarah Mc Intt			How related to deceased	Mother.		
<div>CAUSES OF DEATH</div> <div>95</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Pulmonary congestion				How long	Two days.
	Are the name, age, sex, color, date and place correctly given above?	J				Signature of Physician	J. H. Tobias.
	Address					Address	Darlington, Md.
	Accident or Suicide?						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>29</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>At Home</i>	Where Residing if not at place of death <i>Forest Hill Ind</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Monks</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Guertude Coff</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Hannah Brophy</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 yrs</i>
Immediate <i>Fracture</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smith</i>
<i>8</i>	Address <i>Forest Hill Ind</i>
Accident or Suicide?	

Int Zabor.



Name  
in  
Full

William Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bel Air		County		Harford		MARYLAND	
Date of death		1909	Feb	11	Age	74	Months		Days
Sex		Male		Color or Race		Black		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		Bel Air Md.			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Morgan			
Father's Name		Edward Morgan		Father's Birthplace		Md.			
Mother's Maiden Name		Charlotte Hall		Mother's Birthplace		Md.			
Name of person giving information		Lovie Lingham		How related to deceased		Niece			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	About a year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		William J. Archer	
Address		Bel Air Md.	
Accident or Suicide?			

Aberigdon

Name  
in  
Full

Infant- Myers. Hosford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Rosport <sup>Town</sup> Hosford <sup>County</sup> MARYLANDDate of death 1909 Month 2 Day 13 Age — Years — Months — Days 12Sex Male Color or Race White Birth-place IndOccupation — Where Residing if not at place of death —~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband —Father's Name George - Myers Father's Birthplace Pa.Mother's Maiden Name Nannie Reeps Mother's Birthplace Ind.Name of person giving Information George Myers How related to deceased Father

## CAUSES OF DEATH

93

Primary Pneumonia How long Three daysImmediate " How long "Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. H. EastmanAddress Cardiff MdAccident or Suicide No

Feb. 14-09

Lawn. Grove

Name  
in  
Full

Mary Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Rutledge P.O.		<sup>County</sup> Harford		MARYLAND		
Date of death 1909		Month Feb.	Day 15	Age 75	Months 5	Days 6
Sex Female		Color or Race White		Birth-place York Co. Pa.		
Occupation Housewife		Where Residing if not at place of death				
Married, Single or Widowed married		Name of Wife or Husband Chas. Parker				
Father's Name James Mc Courtney		Father's Birthplace York Co. Pa.				
Mother's Maiden Name Jane Swamy		Mother's Birthplace York Co. Pa.				
Name of person giving information Chas. Parker		How related to deceased Husband.				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	General Debility	How long	Five years
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. E. Rigdon M.D.	
Yes		Address Jarroville, Ind.	
Accident or Suicide?			

Burial at Ebenezer Church Haywood Co

Name  
in  
Full

Irwin H. Prescher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

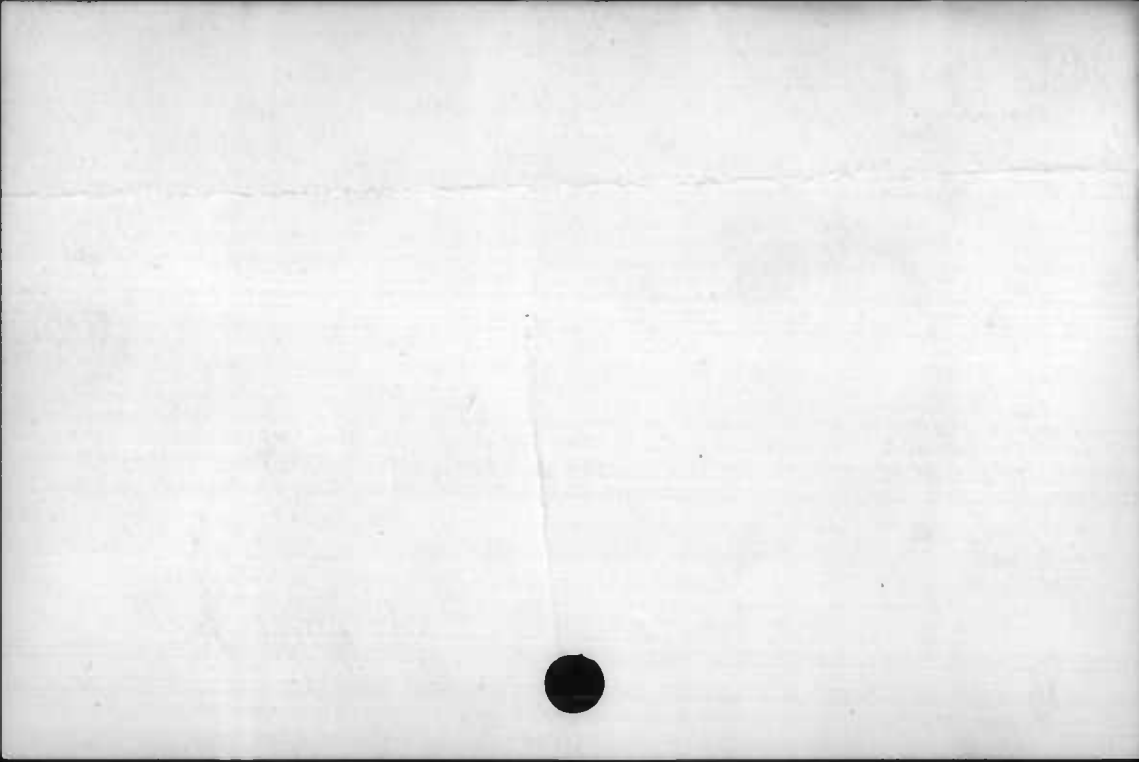
Died at		Town Nebraska		County Harrison		MARYLAND	
Date of death		1909	Month Feb	Day 16	Age Years	Months 6	Days 6
Sex Male		Color or Race white		Birth- place Nebraska			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Irwin Prescher				Father's Birthplace Harrison Co			
Mother's Maiden Name Laura Miller				Mother's Birthplace Virginia			
Name of person giving Information Mr Melvin Carr				How related to deceased not related			

## CAUSES OF DEATH

20

PHYSICIAN  
OR CORONER

Primary	Abcess Pyogenic Infection	How long 3 days
Immediate	"	How long "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Prother
		Address Harris Co. Tex
Accident or Suicide?		





Name  
in  
Full

Mary Margaret Shirey

## CERTIFICATE OF DEATH

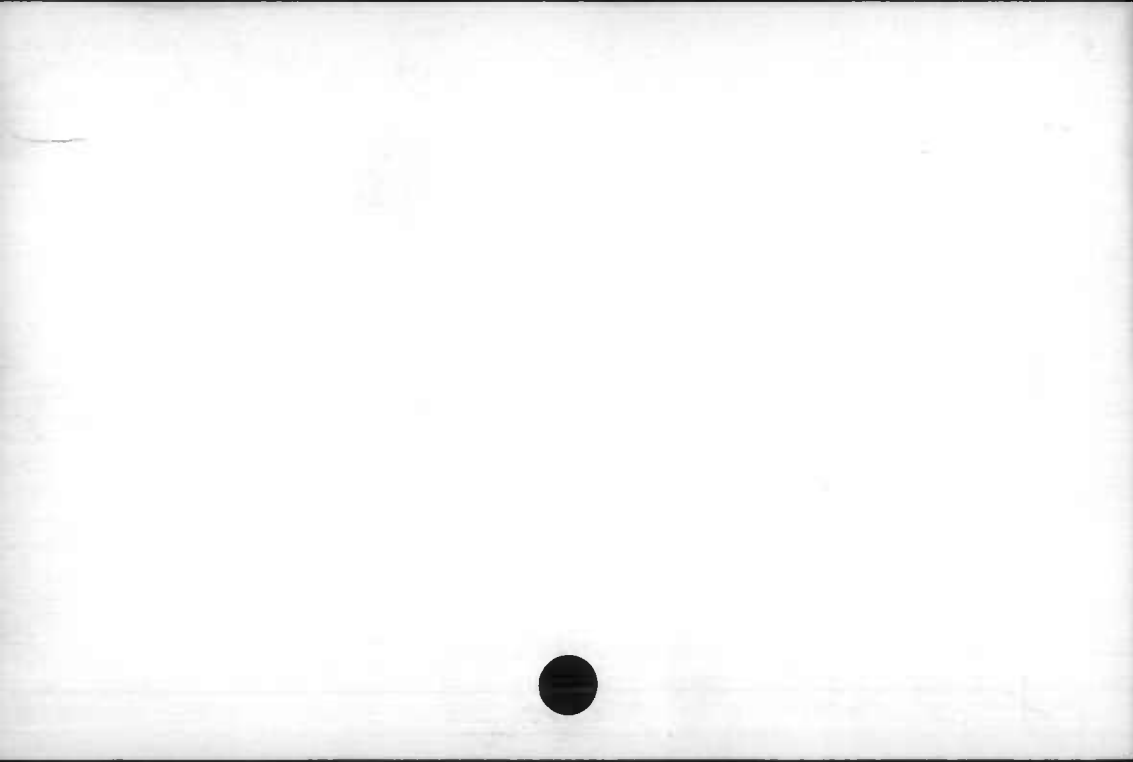
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death		Month 1909	Day Feb	Year 26	Age 85	Months 6	Days 13
Sex Female		Color or Race White		Birth-place Harford Co.			
Occupation Housewife				Where Residing if not at place of death Same			
Married, Single or Widowed Widow		Name of Wife or Husband George Shirey					
Father's Name <del>Not known</del>		James Townley		Father's Birthplace Harford Co.			
Mother's Maiden Name <del>Not known</del>		Sarah Mahan		Mother's Birthplace Harford Co.			
Name of person giving Information Hester Cullenison				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart disease	How long many years
Immediate	Kidney complication	How long 2 or 3 hours
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician J. L. Hopkins		
Address Havre de Grace		
Accident or Suicide		



Name  
in  
Full

## CERTIFICATE OF DEATH

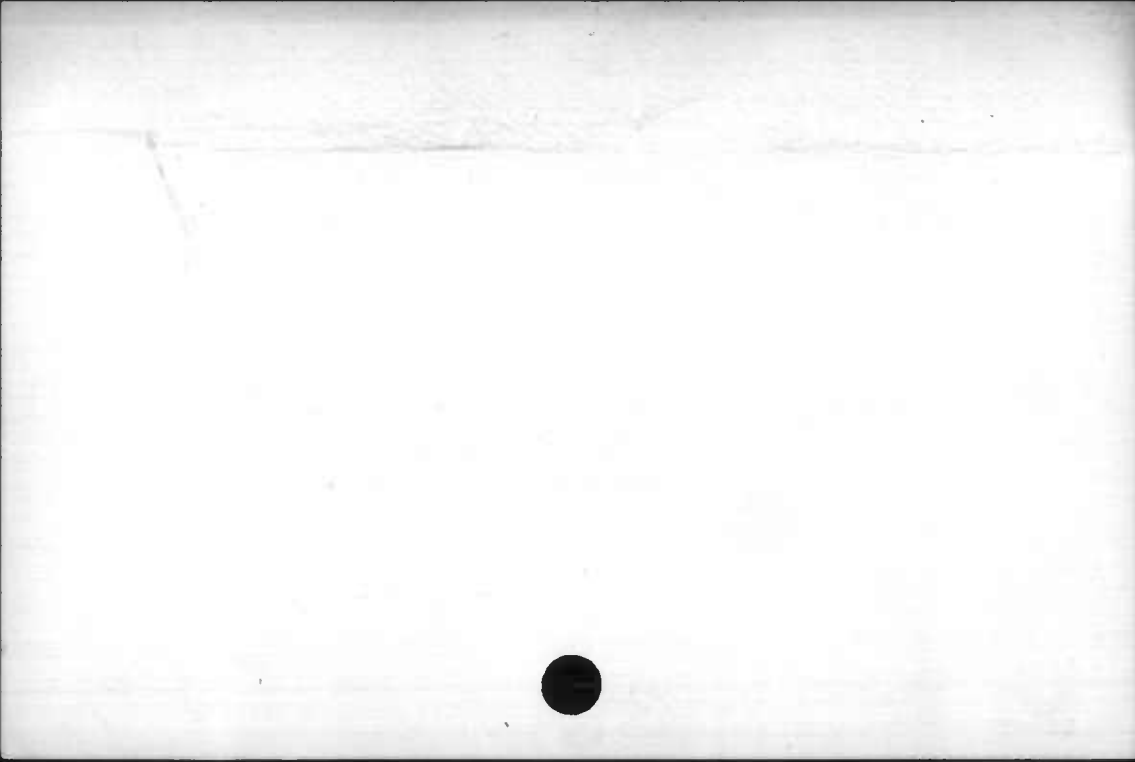
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Harford</i> <i>R.F.D.</i>		County <i>Harford</i>		MARYLAND		
Date of death		1909	Month <i>Feb</i>	Day <i>6</i>	Age	Years	Months	<del>Days</del> <i>6 hours</i>
Sex		<i>Male</i>		Color or Race		<i>white</i>		
Occupation				Where Residing if not at place of death		<i>Same</i>		
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband				
Father's Name		<i>Otho Smith</i>				Father's Birthplace		<i>Harford Co</i>
Mother's Maiden Name		<i>Alice Wilson</i>				Mother's Birthplace		<i>Harford Co</i>
Name of person giving Information		<i>Otho Smith</i>				How related to deceased		<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>151</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. L. Hopkins</i>	
Address		<i>Harford</i>	
Accident or Suicide		<i>no</i>	



Name  
in  
Full

Millard Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		2	24	Age 18			
Sex		Color or Race		Birth-place			
Male		Colored		Madonna			
Occupation				Where Residing if not at place of death			
Farm Help							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Ignatius Smith				don't know			
Mother's Maiden Name				Mother's Birthplace			
Laura Little				Jaxville			
Name of person giving Information				How related to deceased			
F J Turner				none			

## CAUSES OF DEATH

Primary	Acute Nephritis	How long	24
Immediate	Acute Nephritis	How long	24
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F J Turner	
Address		White Hall	
		Cma	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Priscilla D. Street

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Pylesville <sup>County</sup> Harford. MARYLANDDate of death 1909 <sup>Month</sup> Feb <sup>Day</sup> 19 Age <sup>Years</sup> 89 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Md

Occupation Invalid Where Residing if not at place of death

Married, Single ☒ Widowed Name of Wife or Husband John Street

Father's Name Olish Bull. Father's Birthplace Md

Mother's Maiden Name Mary Divas Mother's Birthplace Md

Name of person giving Information Mrs Mattie Street How related to deceased Daughter

## CAUSES OF DEATH

154

Primary Senility How long

Immediate Heart Failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address Deelia York Co Penna

Accident or Suicide

PHYSICIAN  
OR CORONER

Rock Springs

Feb. 21st. 1909



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of John R. Walstrum

Town

County

MARYLAND

Died at Near Livel

Date

of death

1909

Month

July

Day

11

Age

Harford

Years

Months

Days

2

Sex

Color or  
Race

white

Birth-  
place

Harford Co Md

Occupation

Where Residing if not  
at place of death

Near Livel

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John R. Walstrum

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Naoma Mitchell

Mother's  
Birthplace

"

Name of person giving  
information

John R. Walstrum

How related  
to deceased

Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Born Prematurely

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

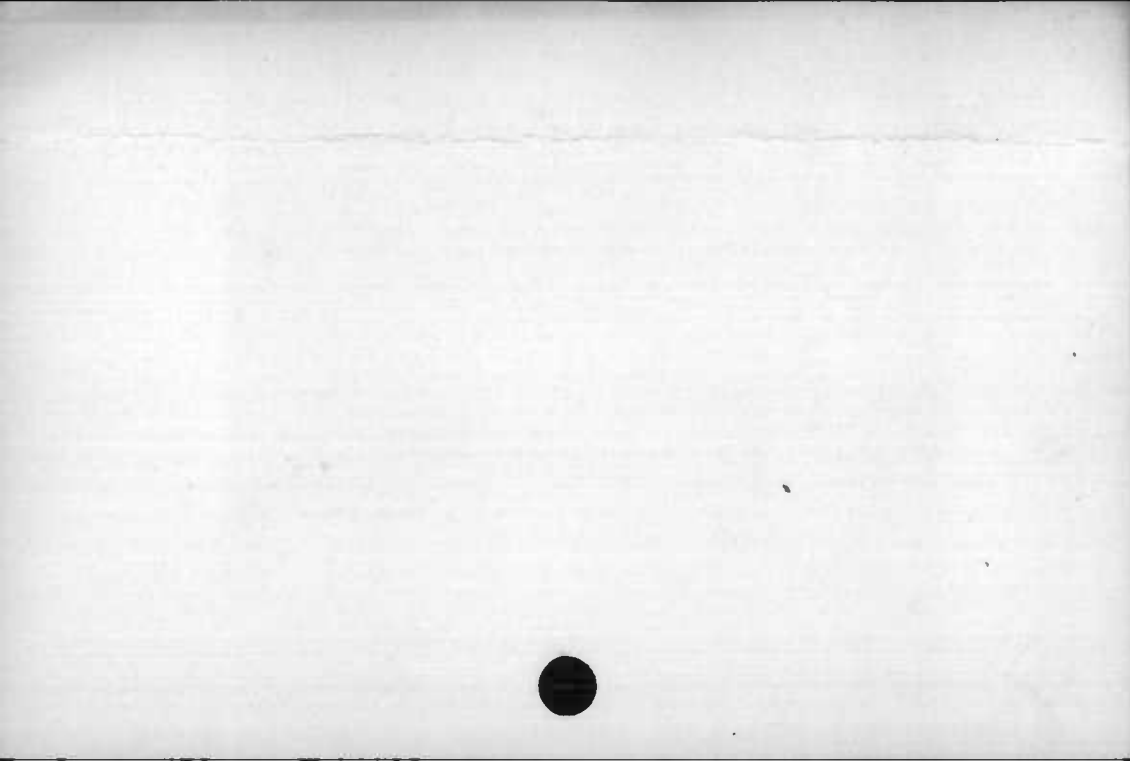
Address

Robert J. Walker

Sub. Registrar

Harford Co Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

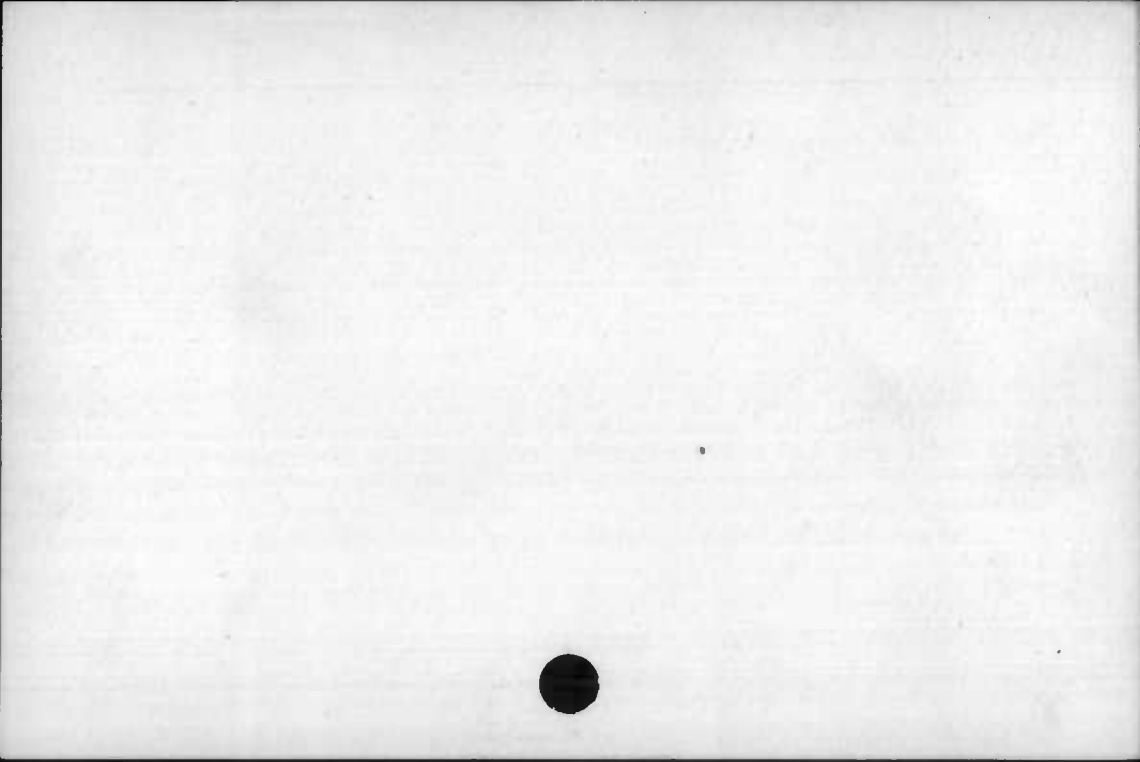
Name in Full <b>Estella Irene Ward</b>		Town <b>Harrods Grove</b>		County <b>Harrods</b>		State <b>MARYLAND</b>	
Died at <b>Harrods Grove</b>		Date of death <b>1909</b>		Age <b>18</b>		Months <b>1</b>	
Month <b>Feb</b>		Day <b>18</b>		Years <b>18</b>		Days <b>18</b>	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Harrods Grove, Md</b>			
Occupation <b>None</b>		Where Residing if not at place of death <b>at Place of Death</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>					
Father's Name <b>William C Ward</b>				Father's Birthplace <b>Pa</b>			
Mother's Maiden Name <b>Madeline V Sullivan</b>				Mother's Birthplace <b>Md</b>			
Name of person giving information <b>William C Ward</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <b>Broncho-Pneumonia</b>	How long <b>4 days</b>
Immediate <b>Exhaustion</b>	How long <b>12 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. W. Steiner</b>
	Address <b>Harrods Grove Md</b>
Accident or Suicide? <b>No</b>	



Name  
in  
Full

George Denbow Watters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fallston</u> <sup>Town</sup>		<u>Harford.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	2	Day	2
Age	56	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <u>Ida. Scarborough.</u>				
Father's Name	<u>William Watters</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Cassandra Denbow</u>			Mother's Birthplace	<u>..</u>
Name of person giving information	<u>Rebecca H. Wetherill</u>			How related to deceased	<u>No.</u>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>20 years</u>
Immediate	<u>Exhaustion</u>	How long	<u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>Pennell H. Applegate</u>	
Address		<u>Bel Air</u>	
Accident or Suicide?			

